

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES	<input type="checkbox"/> MAGISTRATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE OF		FOR	LOCATION NUMBER
_____ V.S. _____		AT	
PERSON REPRESENTED (Show your full name)		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Defendant—Adult <input type="checkbox"/> Defendant - Juvenile <input type="checkbox"/> Appellant <input type="checkbox"/> Probation Violator <input type="checkbox"/> Parole Violator <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> 2255 Petitioner <input type="checkbox"/> Material Witness <input type="checkbox"/> Other </div> <div> DOCKET NUMBERS Magistrate District Court <u>04-10053-RCL</u> Court of Appeals </div> </div>	
CHARGE/OFFENSE (describe if applicable & check box <input type="checkbox"/>)			
<input type="checkbox"/> Felony			
<input type="checkbox"/> Misdemeanor			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY												
EMPLOYMENT	Are you now employed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed										
	Name and address of employer:	_____										
	IF YES, how much do you earn per month? \$	<u>3.35</u>	IF NO, give month and year of last employment									
	How much did you earn per month? \$	_____	_____									
ASSETS	OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____										
		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <div style="display: flex; justify-content: space-between;"> <div>RECEIVED</div> <div>SOURCES</div> </div>										
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____										
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">VALUE</th> <th style="width: 50%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____	_____
VALUE	DESCRIPTION											
_____	_____											
_____	_____											
_____	_____											
_____	_____											

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them		
	<input checked="" type="checkbox"/> SINGLE	<u>3</u>	<u>Daughter</u>		
	<input type="checkbox"/> MARRIED		<u>son</u>		
	<input type="checkbox"/> WIDOWED		<u>wife</u>		
	<input type="checkbox"/> SEPARATED OR DIVORCED		<u>me</u>		
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CREDIT CARD COMPANIES, ETC.)</small>	APARTMENT OR HOME	Creditors	Total Debt	Monthly Payment
		<u>Apartment</u>		\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Angel Rivera